## VERMONT SEX OFFENDER REGISTRY NOTIFICATION OF REQUIREMENT TO REGISTER

## Registrants Convicted In A State or Jurisdiction Other Than Vermont

13 VSA, Chapter 167, Subchapter 3, established the Vermont Sex Offender Registry. The crime (s) you have been convicted of require you to register with the Vermont Sex Offender Registry located at:



Vermont Criminal Information Center (VCIC)
Department of Public Safety
103 South Main Street
Waterbury, Vermont 05671-2101
802-241-5400



1. Name: _	Last		First		Middle	
2. Date of I	Birth:	3. Sex:		5. SS	#:	
6. Height:	7. Weight:		8. Eye Color: _		9. Hair Color:	
10. Current H	Home (911) Address:					
Number	Street		City		State	Zip
***YOU MU	UST PROVIDE THE MAILI	NG ADDRESS I	EVEN IF IT IS	THE SAME	AS THE PHYSICAL	ADDRESS**
11. Current N	Mailing Address:					
Number	Street/PO Box	Apt/Uni	it #	City	State	Zip
12. Telepho	one #:	13.Are there	persons under th	e age of 18 li	ving with you? Yes: _	No:
14. Current E	Employer:					
	yer's Address:					
	condary School (college):					
	Address:					
16. Convictio	on Information: ***YOU	MUST PROVI	DE THE AGE (	OF THE VIO	CTIM(S)***	
Docket #	Date of Conviction	Offense	S	entence	Age/Gender of Victim	
Docket #	Date of Conviction	Offense	S	entence	Age/Gender of Victim	
Docket #	Date of Conviction	Offense	S	entence	Age/Gender of Victim	
Docket #	Date of Conviction	Offense	S	entence	Age/Gender of Victim	
17. Any victi	ims under 13 yrs old? Yes	No				
18. Fingerpri	nts/Photographs: Attached:	or Previo	ously Submitted (	On:		
					Ag	ency

## By law you must comply with the following requirements: \* Registrant's Initials signify understanding of each requirement\*

## **Registrant's Initials:**

	educational institution in another state, while residing in Vermont, you	u must register with that state.  I understand this requirement _			
	☐ 3. If there anyone in your residence under 18 or if someone under 18 r the Registry within 3 days.	noves into your residence, you must notify  I understand this requirement _			
	4. If you intend to move to another state, you must notify VCIC about You must contact the local law enforcement agency in the new state in				
	5. Within 10 days of your birth date, you will receive a form from VCI mailing address, current employment information and any enrollment if You must complete the form and return it to VCIC within 10 days.				
	☐ 6. If your information is posted on the internet you must provide a new Verification requirement.	photograph every year at the time of your Add.  I understand this requirement	ress		
	☐ 7. If you have been designated as a Violent Sexual Predator, you must	ual Predator, you must verify your address every 90 days with the registry.  I understand this requirement			
	☐ 8. If you become Homeless, you must contact the Registry on a daily b	oasis with your exact location.  I understand this requirement _			
	9. You must continue to comply with the requirements listed above for from supervision from the Department of Corrections. If you have been a Sexual Recidivist or have been convicted of a Sexually Violent Crim §5407, Subsection (f),1,2 and 3, or if you are convicted of a subsequen Vermont, you will continue to for life.	n designated a Sexually Violent Predator, se as described in 13 VSA Chapter 167,	of		
con	Failure to comply with any of the requirements indicated above is grounds convicted of failing to comply with the law you could be imprisoned for no second or subsequent offense could result in a sentence of imprisonment of \$5000.	t more than two years and/or fined not more than	n \$1000. A		
	I understand the penalty of failing to comply with these requirement	Registrant's Initials			
I h	I have read and understand the above requirements of the Vermont Sexual O	ffender Registry			
	REGISTRANT'S NAME (PRINT)  REGISTRANT	T'S SIGNATURE I	DATE		
	WITNESS NAME (PRINT) WITNESS S	SIGNATURE I	DATE		

CHECK HERE IF REGISTRANT REFUSED TO INITIAL OR SIGN THIS NOTIFICATION: \_\_\_\_\_